

**Travel Expense Claim****See Instructions and \*Privacy  
Statement on Reverse Side**Pg. 1 of 1

STD. 262 (Rev. 7/2005)

Claimants Name Chris Murphy			SSN or Employee Number *			Department Office of Traffic Safety		
Position			CB/ID #			Division or Bureau		
Residence Address			Headquarters Address 2208 Kausen Dr. Ste 300			Telephone Number 916 509-3030		
City Elk Grove			State CA			Zip Code 95758		
City Elk Grove			State CA			Zip Code 95758		

(1) Month/Yr Feb 2010		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) Lodging	(5) Meals			(6) Incide ntals	(7) Transportation				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) Date	Time			Break - fast	Lunch	O.T., L/T, N/C, Relo. Or Dinner		(A) Cost of Trans.	(B) Type Used	(C) carfare, tolls, parking	(D) Private Car Use		
											Miles	Amount	
2/11		Elk Grove to Sacramento									51	25.50	\$25.50
2/18		Elk Grove to Sacramento								7.50	26	13.00	\$20.50
2/19	6:00- 19:30	Elk Grove to Los Angeles		6.00		18.00		233.41	A	48.00	50	25.00	\$330.41
2/23		Elk Grove to Sacramento									32	16.00	\$16.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00

**(10) SUBTOTALS**

0.00 6.00 0.00 18.00 0.00 233.41 55.50 159 79.50 0.00

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL**

\$392.41

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

2/11- Exec Director interviews at MADD  
 BTH Trans DIRS Mtg  
 Surface Transportation Reauthorization Tour  
 2/23- Law Enforcement DUI Recognition event

2/18-  
2/19-

(12) NORMAL WORK HOURS

08:00 - 17:00

(13) PRIVATE VEHICLE LICENSE

(14) MILEAGE RATE CLAIMED

\$0.500

**AGENCY ACCOUNTING OFFICE USE  
ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement for the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum reate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE

